

University of South Carolina Beaufort

Financial Aid/Veterans Affairs Office 801 Carteret Street ♦ Beaufort, SC 29902

Office: 843-521-3104 **♦ Fax:** 843-521-3194 **♦** www.uscb.edu

Email: uscbfina@uscb.edu

2023-2024 Low Income Clarification Form for Parent/Stepparent

| | Student's Informati | on | | |
|--|--|--|--|----------------------------|
| ast Name First Name | Middle Name | Student VIP I | D | |
| student's Email Address | | Telephone N | umber | |
| | Parent's Information | on | | |
| The parent(s) income reported on your student's upported the family during the previous year. Parear. This form must be completed and signed by dentifiable information (PII) such as: SSN, date them. Also, please include the student's name and | rent(s), please indicate ho both the student and a p of birth and driver's lic | ow your living expenses we parent. <mark>For your protection ense number from your</mark> | ere met during the 2021 ca on, please remove all pers | alen <mark>son</mark> a |
| Source of Money January 2021 - December 2021 | Monthly Amount | Number of months money received (1-12) | Annual Amount Jan - Dec 2021 | |
| Income from work (Gross) | \$ | | \$ | |
| Unemployment | \$ | | \$ | |
| Child Support Received | \$ | | \$ | |
| Disability | \$ | | \$ | |
| Vocational Rehabilitation | \$ | | \$ | |
| Social Security Benefits | \$ | | \$ | |
| AFDC | \$ | | \$ | |
| Earned Income Credit | \$ | | \$ | |
| Housing Allowance | \$ | | \$ | |
| Other: | \$ | | \$ | |
| | | Total: | \$ | |
| erent(s), if you lived with someone who supporterparate sheet if additional space is needed) | ed you, and/or if you rece | | | ;e a |
| rarent(s), if your income was not enough to pay rexpenses were met. (Use a separate sheet if addit | ional space is needed) | | | |
| By signing this document, I certify that all the information on this document, it will be cause for cooth. | | | | |
| cudent's Signature Date | | nt's Signature (Required) | Date | |